

## Application Data Sheet

### Application Information

Application number::  
 Filing Date::  
 Application Type:: Regular  
 Subject Matter:: Utility  
 Suggested classification::  
 Suggested Group Art Unit::  
 CD-ROM or CD-R?:: None  
 Number of CD disks::  
 Number of copies of CDs::  
 Sequence submission?::  
 Computer Readable Form (CRF)?::  
 Number of copies of CRF::  
 Title:: ALL YEAR TRACTION TIRE STUD SYSTEM  
 Attorney Docket Number:: 006026.00002  
 Request for Early Publication?:: NO  
 Request for Non-Publication?:: NO  
 Suggested Drawing Figure::  
 Total Drawing Sheets:: 6  
 Small Entity?:: YES  
 Latin name::  
 Variety denomination name::  
 Petition included?:: NO  
 Petition Type::  
 Licensed US Govt. Agency::  
 Contract or Grant Numbers::  
 Secrecy Order in Parent Appl.?:: NO

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: NORWAY  
Status:: Full Capacity  
Given Name:: Iver  
Middle Name::  
Family Name:: HANSEN  
Name Suffix::  
City of Residence:: HYGGEN  
State or Province of Residence::  
Country of Residence:: NORWAY  
Street of mailing address:: JERDAL  
City of mailing address:: HYGGEN  
State or Province of mailing address::  
Country of mailing address:: NORWAY  
Postal or Zip Code of mailing address:: N-3442

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name::  
Middle Name::  
Family Name::  
Name Suffix::  
City of Residence::  
State or Province of Residence::  
Country of Residence::  
Street of mailing address::  
City of mailing address::  
State or Province of mailing address::

Country of mailing address::

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Applicant Authority Type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

### **Correspondence Information**

Correspondence Customer Number:: 22907

### **Representative Information**

Representative Customer Number:: 22907

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
	National Stage of	PCT/NO00/00240	07/13/00

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### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
NORWAY	19981033	07/13/99	YES
NORWAY	19981033	12/27/99	YES
NORWAY	20001122	03/04/00	YES

### Assignee Information

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::